Under the Perenyolik Reduction Act of 1805, no persons are required to respond to a collection of information uniters it displays a year OMB controllember. Approved for use through 1/3 1/2008, OMB 011-0001 U.S. Paled and Trademark Office; U.S. DEPARTMENT OF CONTERCE Application or Docked Humber Effective December 8, 2004 APPLICATION AS FILED - PART I 656 (Column 1) (Column 2) SMALL ENTITY OTHER THAI FOR HUMBER FILED OR BASIC FEE 137 CFR 1.16(4), (4), or (c)) SMALL ENTIT HUMBER EXTRA PLATE IN **WA** FEE SEARCH FEE (3) CFR 1 16(H), (1), ox (m)) NA M TEM NA 150.00 EE (1) · N/A NA NIA. 300,00 EXMINATION FEE NA (31 CFR 1.10(0). (p). or (q)) \$260 NA NIA HIA \$500 TOTAL CLAME NVA (3) OFR 1.16(1) \$100 THOEPENDENT CLAIMS NIA MHH4 20 a \$200 X\$ 25 (37 OFR 1.16(N) X\$50 minus 3 . OR. X100 If the specification and drawings exceed 100 APPLICATION FIZE sheets of paper, the application size fee due X200 FEE la \$250 (\$125 for small entity) for each (37 CPR 1.16(6)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(Q) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +180= "If the difference in column 1 is less than zero, enter "O" in column 2. +360* APPLICATION AS AMENDED - PARTII TOTAL TOTAL (Column 1) (Column 2) (Calumn 3) CLAIMS SMALL ENTITY OTHER THAN REMAINING HIGHEST OR 09/06 ENDMENT NUMBER PRESENT AFTER MENOMENT PREVIOUSLY RATE (1) EXTRA Total CFR INGIL ADDI: PAID FOR RATE (1) THOMAL 07.00 Minus ADOL FEE (1) TIONAL AT CER LIGHT (B) X\$ 25 Minus. X\$50 Application Size Fee (37 CFR 1.16(s)) OB X100 X200 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.140) OR +180= +360= OR TOTAL ADO'L FEE TOTAL (Column 1) OR ADD'L FEE (Column 2) CLAIMS REMAINING (Column 3) HIGHEST NUMBER PRESENT AFTER PREVIOUSLY PAID FOR RATE (I) AMENOMENT. EXTRA ADDI: Total profit Light RATE (1) TIONAL ADDI-TIONAL Minus FEE (1) Independent PI OFA LIGAR X\$ 25 FEE M Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200. FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1) CFR 1.14001 OR: +180= +360= OR

If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The "Highest Humber Previously Paid For IN THIS SPACE is less than 3, enter "3".

The "Highest Humber Previously Paid For In the SPACE is less than 3, enter "3".

This collection of Information is required by 87 CFR 1.16. The information is required to obtain in retain a barried by the public which is to life (and by the control of the encount of the preparing, and submitting the completed application form to the USPTO. Three was very depending upon the individual case, Any completed and Trademark Office, U.S. Department of Continence, P.O. Box 1450, Alexandria, VA 22313-1450. On NOT SEND FEES OR COMPLETED FORMS-TO THIS